



The Global Assault on Human Rights

January 2022 TGCI Blog Post by: Ben Phillips

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ROME, Dec 17 2021 (IPS) – Human rights are under global assault. In 2021, the escalation of the worldwide siege on human rights included clampdowns on civil society organisations, attacks on minorities, the undermining of democratic institutions, and violence against journalists.

Human rights came under attack not only from coups, from Myanmar to Sudan, but also from strong men in democracies, from Brazil to the Philippines. The January 6th attack on the Capitol in the US exemplified the fragility of human rights worldwide.

2021 saw the conservative think tank Freedom House raise the alarm about what it calls one of the biggest worldwide declines in democracy “we’ve ever recorded”. But to protect human rights, it is vital to understand why they are under threat.

Crucially, it is not a coincidence that humanity has been simultaneously hit by a crushing of human rights and ever-increasing inequality; they are mutually causal. There is no winning strategy to be found in the approach followed by institutions like Freedom House which cleaves civil and political rights from economic and social rights, and has no answer to the inequality crisis.

Organisations rooted in civil society organising have set out powerfully the interconnectedness of the human rights crisis and the inequality crisis.

Civicus’s 2021 State of Civil Society report notes how “economic inequality has become ever more marked, precarious employment is being normalized [and] big business is a key source of attacks on civic space and human rights violations.”

So too, Global Witness’s 2021 Last Line of Defence report notes that “unaccountable corporate power is the underlying force which has continued to perpetuate the killing of [land and environmental] defenders.”

As human rights scholars Radhika Balakrishnan and James Heintz have noted, “when the political power of the elites expands as the income and wealth distribution becomes more polarized, this compromises the entire range of human rights.” Civicus terms the assault on human rights as one of “ultra-capitalism’s impacts”.

The World Inequality Report records how “in 2021, after three decades of trade and financial globalization, global inequalities are about as great today as they were at the peak of Western imperialism in the early 20th century.

The Covid pandemic exacerbated even more global inequalities. The top 1% took 38% of all additional wealth accumulated since the mid-1990s, with an acceleration since 2020.”

Societies that are more unequal are more violent. As collective institutions like trade unions are weakened, ordinary people become increasingly atomized. As social cohesiveness is pulled apart by inequality, tensions rise.

It is in such contexts that far right movements thrive, and whilst such movements claim to be anti-elite, they soon find common cause with plutocrats in directing anger away from those who have taken away the most and onto those who can be targetted for the difference in how they look, speak, pray or love.

Yet, as writer Michael Massing put it, “many members of the liberal establishment dismiss populism as a sort of exogenous disease to be cured by appeals to reason and facts rather than recognize it as a darkly symptomatic response to a system that has failed so spectacularly to meet the basic needs of so many.”

Human rights can only be protected in their fullness – civil, political, economic and social. As Lena Simet, Komala Ramachandra and Sarah Saadoun note in Human Rights Watch’s 2021 World Report: “A rights-based recovery means governments provide access to healthcare, [and] protect labor rights, gender equality, and everyone’s access to housing, water and sanitation.

It means investing in public services and social protection, and strengthening progressive fiscal policies to fund programs so everyone can fulfill their right to a decent standard of living. It means investing in neglected communities and avoiding harmful fiscal austerity, like cutting social protection programs.”

Only determined organising connecting the inseparable struggles for human rights and a more equal society will be powerful enough to win.

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Vaccines, Diagnostics and Therapeutics as Global Public Goods

January 2022 TGCI Blog Post by: Armida Salsiah Alisjahbana

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BANGKOK, Thailand, Dec 20 2021 (IPS) - Countries in the Asia-Pacific region are trying their best to deal with the COVID-19 pandemic by rapidly rolling out vaccination programmes and putting in place public health interventions to reduce its impact. At the end of November, there were 262 million confirmed COVID-19 cases and 5.2 million deaths globally. About 60 per cent of all COVID-19 cases and half of all COVID-19 related deaths were in Asia and the Pacific. About 7.8 billion vaccines have been administered globally, and vaccine supply is generally improving.

However, the pandemic has exacerbated inequities between and within countries and communities in the region with regard to access to vaccines, diagnostics and therapeutics. Many countries, particularly lower income countries, are lagging in vaccinating their populations, with less than 1-in-5 of the total population fully vaccinated. This vaccine inequity is prolonging the pandemic in both developed and developing countries. The recent emergence of a new strain of the virus capable of spreading faster, threatens to derail recent efforts to open economies and borders.

We recently brought together leaders and experts from across the region to examine the reasons for the large inequities in access to vaccines, diagnostics and therapeutics, and the ways to close the gap. The Regional Conversation on Equitable Access to Vaccines, Diagnostics and Therapeutics also highlighted some important factors and pre-requisites for ending the pandemic and preventing future ones.

Firstly, while noting the many initiatives supporting countries' efforts to contain the spread of the virus, inequities had arisen due to procurement and stockpiling of vaccines by higher income countries across the world well in excess of their requirements. Vaccine production was concentrated in selected countries (mainly developed), and "vaccine nationalism" was spreading, coupled with a lack of effective mechanisms to transfer knowledge, technology and other resources. Multilateral mechanisms like COVAX, which had emerged as a lifeline for many lower- and lower middle-income countries, had not been provided adequate vaccines or resources. For the inequity to be narrowed, it is imperative that multilateral mechanisms like COVAX be transformed from a market and charity model to a global public investment and global public goods model.

Second, vaccines and health technologies for fighting pandemics should be recognized as global public goods. Discussions and promotion of this idea at subregional and regional levels could help

advance it before elevating it to the global level. At the regional level, procurement of vaccines could be pooled, and regional hubs built for the development and manufacture of vaccines; where these centres already exist they should be strengthened. Public-private partnerships in vaccine development, manufacturing and distribution must be increased. Exchanges and transfer of knowledge, know-how, technology and resources between countries, using North-South and South-South principles, must be stepped up to achieve vaccine self-sufficiency. Promoting policy coherence through regulatory and normative systems to achieve quality and set standards should be part of regional cooperation. WTO member States are discussing the possibility of intellectual property rights to certain health technologies during health emergencies like pandemics, and this needs to be expedited and supported.

Third, having efficient and well-structured vaccination programmes at the national level, with a clear and transparent strategy for reaching population groups in vulnerable situations, was critical to achieving vaccine equity within and between countries. In many high-income countries with abundant supply of vaccines, vaccination rates were lagging due to “vaccine hesitancy” because of misinformation and a lack of trust. In this context, vaccination programmes need to be rooted in strengthened health systems and universal health coverage, with equal access to high quality, comprehensive and affordable health care. More agile, anticipatory and adaptive health systems also must be developed. There should be multisectoral action for health that puts primary health care at its center. Synergies with other sectors should be harnessed to advance public health objectives and to increase public health care funding.

Building on these concrete suggestions that focus on the Asia-Pacific region, we will revisit this subject at our annual session of the Commission in May 2022, when countries will have an opportunity to consider these ideas. Until then, I remind member States and stakeholders in Asia and the Pacific that no single country will succeed in defeating the pandemic on its own. Our only chance is to work together. We require trust and solidarity within and between nations. Without these essential elements, no regional or global arrangements will hold water or succeed.

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